Under the Panopurit Reduction Act of 1995, on necessarians are conduct to a	U.S. Patent and Trad	PTO/SE/17 (12-04) proved for use through 07/31/2086, OMB 0651-0032 persent Office; U.S. DEPARTMENT F COMMERCE patters series it reinfang in yalld CDMR proferir reinfang	
Effective on 12/08/2004.		Complefe if Known	
Foos pursuant to the Consolidated Approximations Act. 2005 (H.R. 4815).	Application Number	10/737.021	٠ .
FEE TRANSMITTAL	Filing Oate	DEC 16,2005	:
For FY 2005	First Named Inventor	GELEN ET AC.	•
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	TIBNITS	
	Art Unit	2 838	
TOTAL AMOUNT OF PAYMENT (\$)	Altomey Docket No.	7501378EX	
METHOD OF PAYMENT (check all that apply)		SECTION :	
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For the above-identified deposit account, the Director is he	reby authorized to: (check	all that apply)	
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Design 200 100 100	50 130	•••	•
Plant 200 100 300	150 160		
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2. EXCESS CLAIM PEES		Small Entity	
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of pr	mor the conficction six	o for doe is \$250 (\$125 for small entity)	
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4. OTHER FEE(9) Non-English Specification, \$130 fee (no annull entity		Fees Paid (5)	
Other: STRETUTORY DISCUMMEN TO	21.321	110	
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Signature	Registration No. 45,4	32. Telephone 770-338-364	
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This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a bonofit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 30 minutes to complete, including gathering, preparing, and automitting the completed application from to the USPTO. Time will vary depending upon the includedual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burner, should be sent to the Chief information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OF THES OR COMPLETED POPPLY TO THIS ADDRESS. SEIND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9189 and select anticol.

2017/2005 JWILLIA1 98889896 582117

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 1501378 ESG Effective October 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY TYPE [OR SMALL ENTITY (Column 2) (Column 1) **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE 770.00 BASIC FEE 385.00 NUMBER EXTRA OR FOR NUMBER FILED X\$18= TOTAL CHARGEABLE CLAIMS minus 20= 0 X\$ 9= OR D minus 3 = 0 0 X86= INDEPENDENT CLAIMS X43= OR MULTIPLE DEPENDENT CLAIM PRESENT 0 +290= -145= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **OTHER THAN** AIMS AS AMENDED - PART II SMALL ETTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-PRESENT REMAINING NUMBER TIONAL RATE RATE TIONAL **PREVIOUSLY EXTRA** AMENDMENT AFTER FEE FEE PAID FOR AMENDMENT XS18= 7.6 XS 9= Total Minus OR Minus Independent 2 X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST ADDI-CLAIMS ADDI-NUMBER PRESENT 8 REMAINING TIONAL RATE TIONAL RATE PREVIOUSLY **EXTRA** ENT **AFTER** FEE FEE **PAID FOR AMENDMENT** AMENDM X\$18= Total Minus XS 9= OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-PRESENT NUMBER REMAINING TIONAL TIONAL RATE RATE **PREVIOUSLY EXTRA** AFTER ENDMENT FEE FEE PAID FOR AMENDMENT Minus X\$ 9= X\$18= Total OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Palent and Trademark Office U.S. DEPARTMENT OF COMMERCE

OR

+145=

ADDIT. FEE

TOTAL

+290=

ADDIT. FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

The "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.